

NOTICE OF INMATE PLACED IN TEMPORARY LOCKUP

INMATE NAME (Last, First, M.I.)		DOC NUMBER	FACILITY NAME	CELL / UNIT NUMBER
<u>Gonzalez, Paulo</u>		<u>394340</u>	<u>CC1</u>	<u>Hu9/10</u>
PLACEMENT DATE	PLACEMENT TIME	MAXIMUM DATE OF RELEASE FROM TLU	NAME OR PERSON MAKING PLACEMENT (Check title)	
<u>4/18/17</u>	<u>1240P M.</u>	<u>5/9/17</u>	<u>Wagensee</u>	
<input checked="" type="checkbox"/> SECURITY SUPERVISOR	<input type="checkbox"/> SECURITY DIRECTOR / DESIGNEE	<input type="checkbox"/> MH-2A	<input type="checkbox"/> WARDEN/SUPERINTENDENT	<input type="checkbox"/> MH-2B
<input type="checkbox"/> MH-0	<input type="checkbox"/> MH-1	<input checked="" type="checkbox"/> MH-2A	<input type="checkbox"/> MH-2B	<input type="checkbox"/> ID

REASON(S) FOR PLACEMENT

Include facts upon which decision is based, alleged offenses if relevant, a description of the incident or situation that prompted the decision and known, non-confidential sources of information.

Pending CR for assault on employee

LOCATION OF TLU PLACEMENT	RATIONALE FOR LOCATION	
<input checked="" type="checkbox"/> Restrictive Status Housing	<input type="checkbox"/> Other	<u>Nature of offense</u>

INMATE'S STATEMENT

This statement will be taken into consideration in the Security Director's initial review. For subsequent 7-day reviews, you may write to the office of the Security Director to provide further information concerning the appropriateness of continued TLU placement.

You in Controlled Separation Status

<input type="checkbox"/> INMATE HAS NO COMMENT	<input checked="" type="checkbox"/> INMATE REFUSES TO SIGN STATEMENT	
SIGNATURE OF INMATE	DATE SIGNED	TIME SIGNED M.

I certify that the inmate is being notified of his/her right to make a statement. The inmate is making the above statement in my presence, has no comment, or refuses to sign the statement as indicated above. I am giving a copy of this notice to the inmate at this time.

SIGNATURE OF STAFF MEMBER	DATE COPY GIVEN TO INMATE	TIME SIGNED
<u>Capt. Wagensee</u>	<u>4/19/17</u>	<u>240P M.</u>

SECURITY DIRECTOR'S INITIAL REVIEW

CONSULTED WITH PSU	<input checked="" type="checkbox"/> YES (required for MH code of 2A, 2B or ID)	<input type="checkbox"/> NO
DECISION	<input checked="" type="checkbox"/> Retain Inmate in Temporary Lockup	<input type="checkbox"/> Release Inmate from Temporary Lockup

REASON(S) FOR DECISION:

Assault on employee

SIGNATURE OF SECURITY DIRECTOR	DATE REVIEWED
	<u>04/19/17</u>